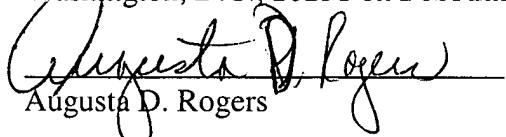


Patent
Atty. Docket No. 0267-1403CPADIVCON

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail No. EV 316898160 US in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450 Washington, D.C., 20231 on **February 12, 2004**.


Augusta D. Rogers

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of

Applicants : Bencivenga et al.
Serial No. : N/A
Filed : N/A
Title : A DATA SURGE PROTECTION MODULE
Examiner : N/A Art Unit: 2851
Confirmation No. : N/A

Mail Stop Issue FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to Applicants' duty of disclosure, the information listed in the attached form PTO/SB/08A is brought to the attention of the Examiner after receipt of the Notice of Allowance. Copies of the information identified herein are also provided.

It is respectfully requested that the information cited in annexed Form PTO/SB/08A be made of record in the above-referenced application.

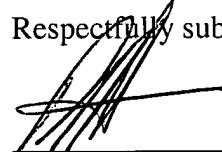
REFERENCE(S)

The citation of the listed item is not a representation that it constitutes a complete or exhaustive listing of the relevant art or that this item is prior art. The item listed is submitted in good faith, but is not intended to substitute for the Examiner's search.

The filing of this Information Disclosure Statement is not an admission that the information cited herein is, or is considered to be, material to patentability as defined in 37 C.F.R. § 1.56(b). We do not believe that the references cited are material to the subject matter of the present invention. The cited references are being submitted for the sake of completeness.

If there are any charges and/or credits in connection with this case, please charge the deposit account of Leviton Manufacturing Co., Inc., Deposit Account No. 12-1185. A duplicate copy of this letter is enclosed.

Respectfully submitted,



Paul J. Sutton, Reg. No. 24,201
Greenberg Traurig, LLP
885 Third Avenue
New York, New York 10022
(212) 801-2108

Dated: February 12, 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO		<i>Complet if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	N/A
		Filing Date	N/A
		First Named Inventor	Bencivenga et al
		Art Unit	2851
		Examiner Name	N/A
Sheet	1	of	1
		Attorney Docket Number	
		0267-1403CPADIVCON	

Examiner Signature _____ **Date Considered** _____

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ²Applicant's unique citation designation number (optional). ³See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ⁴Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁷Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))**

Docket No.
O 267-1403CPADIVCON

In Re Application Of: **Bencivenga et al.**

Serial No.

Filing Date

Examiner

Group Art Unit

Title: **A DATA SURGE PROTECTION MODULE**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

the statement specified in 37 CFR 1.97(e);

OR

the fee set forth in 37 CFR 1.17(p).

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
0267-1403CPADIVCO

In Re Application: **Bencivenga et al.**

Serial No.

Filing Date

Examiner

Group Art Unit

A DATA SURGE PROTECTION MODULE

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- A check in the amount of _____ is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. **12-1185** as described below.
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*This certificate may only be used if paying by deposit account.

Signature

Dated: **February 12, 2004**

Paul J. Sutton
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885 Third Avenue
New York, New York 10022
Tel: 212-801-2108

CC: